PTO/SB/30 (05-03) Approved for use through 04/30/2003, OMB 0651-0031

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REQUEST FOR

CONTINUED EXAMINATION (RCE) TRANSMITTAL

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	on unless it displays a valid OMB control number	
Application Number	10/533,514	
Filing Date	January 23, 2006	
First Named Inventor	Linzhao Cheng	
Art Unit	1632	
Examiner Name	Deborah Crouch	
Attorney Docket Number	JHU1910-5	

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.

Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to

ne 8,	1995	or to a	ny design application. See Instruction Sheet for RCEs (not	to be	submitted to the USPTO) on page	ge 2.
Sı	ıbmi	ssion	required under 37 CFR 1.114			
a.	□ Previously submitted					
	i.		Consider the amendment(s)/reply under 37 C.F (Any unentered amendment(s) referred to above will be entered).	R.	1.116 previously filed on:	
	ii.		Consider the arguments in the Appeal Brief or	Rep	oly Brief previously filed on	
	iii.		Other	_		
b.	\boxtimes	Enclo	osed			
	i.	⊠	Amendment (<u>17</u> pgs.) iii.		Information Disclosure Sta	tement (IDS)
	ii.		1.175 Declaration () iv.		Other:	
Mi	scel	laneo	ous			
a.			pension of action on the above-identified applicated of suspension shall not perform the control of suspension shall not shall not perform the control of suspension shall not s			
b.	\boxtimes	Othe	Two-Month Petition for Extension of Time			
Fe	es T	he RCE	fee under 37 C.F.R. § 1.17(e) is required by 37 CFR 1.114 when the	RCE	is filed.	
a.	i. ii. Ex	The Acco ⊠ ⊠	Director is hereby authorized to charge the total director is further authorized to charge any advant No. <u>07-1896</u> , referencing the above-identific RCE fee required under 37 CFR 1.17(e) (\$40 Extension of time fee (37 CFR 1.136 and 1.17 or 0 Time fee previously paid)	tiona ed A 5.00	al fees, or credit any overp ttorney Docket Number.)	ayments, to Deposit
	iii.		Other			
b.	(Check number in the total amount of		is enclosed	
C.	[Payment by credit card (Form PTO-2038 enclosed) RNING: Information on this form may becom ncluded on this form. Provide credit card inf			
			SIGNATURE OF APPLICANT, ATTORNE	Y, O	R AGENT REQUIRED	
(Print /	Туре)	L	isa A. Haile, J.D., Ph.D	Re	gistration No. (Attorney/Agent)	38,347
ure		b	y)(in 8h Sut - Rey No. 54,119	Da	otober 6, 2009	

Budget Into/ Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this from should be sent to the Chief Information Office, Vall Senton Office, Washington Office, Washington Office, Vall Senton Office, Washington Office, Washington

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